

STANDING COMMITTEE ON PUBLIC ADMINISTRATION

INQUIRY INTO THE PATIENT ASSISTED TRAVEL SCHEME

**TRANSCRIPT OF EVIDENCE
TAKEN AT NORTHAM
THURSDAY, 6 NOVEMBER 2014**

SESSION TWO

Members

Hon Liz Behjat (Chairman)
Hon Darren West (Deputy Chairman)
Hon Nigel Hallett
Hon Jacqui Boydell
Hon Amber-Jade Sanderson

Hearing commenced at 1.25 pm

Mr JOHN SCOTT

Independent Chair, Wheatbelt Health MOU Group, sworn and examined:

Mr DAVID SINGE

Chair, Wheatbelt GP Network, sworn and examined:

Mr GRAEME FARDON

Chief Executive Officer, Shire of Quairading, sworn and examined:

The DEPUTY CHAIRMAN: Thanks for coming along today to the public hearings into the PATS inquiry by the public administration committee of the Legislative Council. Before we start, I would just like to introduce members of the committee to you. On my left, I have Hon Jacqui Boydell, who represents the Mining and Pastoral Region, and on my right, I have Hon Amber-Jade Sanderson from the East Metropolitan Region, and I am Hon Darren West, representing the Agricultural Region, who I am sure you are all familiar with. I also have our committee clerks, Felicity Mackie and Lauren Mesiti. We also have Barb and Kylie from Hansard with us today. On behalf of the committee, I would welcome you all to this hearing. Before we begin, I must ask you to take either the oath or the affirmation.

[Witnesses took the oath or affirmation.]

The DEPUTY CHAIRMAN: You have signed a document called “Information for Witnesses”. Have you read and understood this document?

The Witnesses: Yes.

The DEPUTY CHAIRMAN: These proceedings are being recorded by Hansard. A transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record, and please be aware of the microphones and try and talk into them; ensure that you do not cover them with papers and make noise near them. Please try and speak in turn for the benefit of the Hansard recorders. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today’s proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege.

Would you like to make an opening statement to the committee?

Mr Scott: I would; thank you, Chair. The importance of the patient assisted travel scheme is beyond simply a healthcare access issue. It is a fundamental instrument of government policy directed at ensuring that the general standard of government services—in this instance, health services—and access to those services in the region is comparable to that which applies in the metropolitan area. The committee’s terms of reference are that it will inquire into how adequately PATS delivers assistance to regional people accessing specialist medical care. I would like to make some overview comments in regard to the four focal points identified within the terms of reference.

Regarding the level of funding applied to the transport and accommodation subsidies provided, when the state government announced changes to PATS in 2009, it also undertook to review the

fuel subsidy on a six-monthly basis to reflect changes in fuel prices. Given that the current fuel subsidy is as it was announced in 2009, it is understood that no review has been undertaken since the decision in 2009. The MOU group understands and accepts that PATS is not intended to meet the full cost of travel and accommodation. In regard to reimbursement for travel and accommodation, the mileage rate appears to be unrelated to the actual cost of running a vehicle in the country, particularly as, by necessity, many people in regional areas own four-wheel drives. The current rate is viewed as inadequate, given the cost of fuel and the fact that the patient, or carer, is using their own vehicle. Furthermore, given the current cost of accommodation within the proximity of major hospitals, the value of the accommodation subsidy is also viewed as inadequate.

Turning now to the eligibility for PATS, some people do not seem to be aware that they may qualify for PATS assistance. Others do not bother because doctors have been reluctant to spend the time to fill in the forms. This may suggest that some form of public information campaign is worth considering. There were concerns raised about patients needing to change their specialist in order to preserve their entitlement to PATS funding because another specialist had moved into a location that was closer to the patient. This does not seem to be a very patient-centric approach. Patients reported that they are eligible for PATS funding to attend certain medical services but not others when the services are all linked to the one diagnosis and that they are not eligible for PATS funding to attend a pre-admission clinic that has been requested by their specialist as a necessary requirement prior to admission, but they are eligible for PATS funding for the admission. There does seem to appear to be a level of inconsistency inherent in the implementation that is causing unnecessary levels of frustration and irritation among patients.

Turning now to the administrative process, anecdotally, a lot of patients do not bother using PATS because, over time, they have found the previous forms too cumbersome. On a positive note, the new trial—for the record, the MOU group regards this as a good initiative—is a lot easier to understand and fill in for both patient and doctor. However, some people have experienced problems in getting through on the telephone number on the form for their inquiries. I think perhaps this could all be addressed in a public information campaign. There does seem to be an issue around compliance with respect to having forms signed by the right doctor. One patient who has undergone a heart transplant this year had her application declined by the PATS staff because the document was not signed by the local GP. In this context, I would say that there is no evidence of consideration of exceptional circumstances.

In regard to comments about any incidental matters, there have been a few comments on the fact that the funding is now coming out of royalties for regions, when previously it was funded in its own right from the health budget. There is a view that this is actually not fair, as royalties for regions funding is intended for other purposes. May I now invite supplementary comments from my colleagues.

Mr Singe: Chair and committee, one of the issues—we are not entirely clear of the answer, so we are probably not great lawyers in this respect—is the working example of Toodyay. We have been looking through the history and the material where both Northam and York, after a long battle, were included in the system when the old 100-kilometre radius applied and, of course, Northam's post office was 750 metres too close to Perth to allow people to be there. So, in the interests of equal treatment, Northam and York managed, finally, to get something that was right. We understand that people who live in Mandurah have a rightful entitlement when they have chemotherapy to be able to apply to the PAT scheme to use it. What we are unclear about—it is a rhetorical question, really—is we are not sure ourselves in our own network at the moment what has happened with Toodyay, because it seems to come up and we do not seem to have clarity. From the old geographic perspective, the 100-kilometre radius was resolved; Mandurah is 75 kilometres and there is a specific category that allows access, and that is fine. Toodyay is 84 kilometres and sits in the middle of those two arcs and we really are not quite sure, even with our own regional knowledge. That is

one passing point to do with a little bit of geography in the region that we would happily clarify, if we could. We are not asking you to, but we have raised it.

The DEPUTY CHAIRMAN: We can take that on board as information; thank you.

Mr Fardon: Thank you, Chair and the committee. I would just like to give a local perspective through council. Quairading district hospital, through the wheatbelt WACHS, was one of the campuses that has trialled the new form and I have asked for direct feedback from the practitioners and believe that the form is significantly improved on the old form. A lot of the administration is centralised, so I presume it is here in Northam. I do not know the exact process, but a lot of the previous paperwork and handling and queries that were dealt with at the Quairading Hospital are now centralised; therefore, that has eased the administrative burden. But are there still ongoing problems with people accessing PATS? Are they eligible? Is it too difficult? Certainly, I did have some feedback in regard to the access to certain longstanding specialists in Perth, and that was raised earlier by the earlier witness in regard to closest specialities. Through the MOU group, we certainly are very supportive of specialists coming out to the wheatbelt and to other regions, but maybe there is a balance between the cost of the specialist coming out to the super clinic or out to existing WACHS campuses versus the cost of keeping the patient–specialist relationship in Perth, which I think is important for longstanding patients and their care.

The trial of the new forms has certainly been very successful, but I think, as part of the inquiry, we would be seeking to have a more effective and clearer understood system, because it still seems to be rather clunky. Certainly, if there was some use of new technologies and IT for our remote locations, I think that would be to everyone's advantage.

The DEPUTY CHAIRMAN: Excellent. It is becoming a recurrent theme. Thanks, Mr Fardon. Just on that, to show that I do some research on the electorate, I think it is a matter for the public record that the Shire of Quairading actually has the highest proportion of people aged over 65 of any local government in Western Australia at around about 24.9 per cent. Given what you have just told the committee, could it ever be said that the PAT scheme was an impediment to attracting visiting services to a shire with such a high proportion of the aged population?

Mr Fardon: The initial comment would be that I think it would be unrealistic to expect specialities to be in Quairading or nearby. I certainly would have some expectations, and the health MOU group do have aspirations, of a much fuller suite of services at Northam, Merredin and Narrogin, being the hub hospitals and hub practices. I think there would be expectations of those services and specialities, but, again, I think that is for new patients coming onto the scheme versus people that have a longstanding relationship with their specialist in Perth. I would hate to see that being a barrier, but there has got to be a balance. I very strongly encourage that we only need to travel an hour to see a specialist and not two hours, plus accommodation, plus parking, which are all ever-increasing costs.

The DEPUTY CHAIRMAN: You have made some statements so you may have picked up on these, but I would just like to thank the group for such a comprehensive submission that covered all the issues that, as a collective, you would have drawn in from all your different stakeholders in the group. Is there anything you would like to expand on in your submission that you gave to us?

Mr Scott: I have one point, Chair, and that is the issue of governance arrangements over PATS. It is not very transparent and I think that would be quite helpful from a community perspective if we had a better understanding of the governance arrangements.

[1.40 pm]

Hon AMBER-JADE SANDERSON: Can you expand on your concerns about that?

Mr Scott: I guess it goes back to the fact that there was a commitment by government to review the process every six months. That has not happened, for whatever reason. If there was a governance group, body or committee, then any concerns that would come from the community could be

conveyed to government through that process. Furthermore, I would suggest that a lot of these more detailed comments would have been addressed along the way had there been a governance group in place.

The DEPUTY CHAIRMAN: I refer to my fellow members if they have any questions.

Hon AMBER-JADE SANDERSON: I have a couple. I found your submission and the briefing paper really helpful actually, so thank you for that. I am interested, I suppose, not just as members of the MOU group but as GPs—it is one of the perspectives that we have not had yet—in how do you find, as GPs with patients in front of you, the process and the forms?

Hon JACQUI BOYDELL: They are not GPs.

Mr Singe: On behalf of the Wheatbelt GP Network, I am a civilian chair of a board. It is not an excuse; it is a statement of fact. I am quite happy to come back to you with some additional information. I was not sure what you might expect of the GPs. I have had discussions with a few of them with whom I can get reasonable access. They have not been particularly opinionated in some ways. I think general practitioners in the country have an incredibly significant role in the delivery of primary health services, and that is why I am a civilian attached to the board, because I have a passionate belief in the value of the GPs. I think in general, from my knowledge, general practitioners find paperwork incredibly irritating, so you end up with anecdotes like the one that has already been presented saying, “I haven’t signed it.” There are plenty of opportunities for things to be overlooked rather than be dealt with well. I am quite happy, through you, Chair, to get some more information back if you would like to focus on that. I certainly will not offer it as a civilian chair of the board.

Hon AMBER-JADE SANDERSON: Yes, please.

The DEPUTY CHAIRMAN: Yes. We will be calling the Australian Medical Association to appear in front of the committee, but some supplementary information from a wheatbelt GP perspective —

Mr Singe: Yes, from the GP network. We would happily do that given, as you know, that general practice has a number of bodies that represent it; some of them represent it as industry bodies, some represent it as business bodies and others as qualification bodies. As an industry, it is actually a triangular industry with three elements that have different organisations that represent it. We will happily assist in whatever way we can.

The DEPUTY CHAIRMAN: Excellent.

[Supplementary Information No 1C.]

Hon AMBER-JADE SANDERSON: What allied health services do you think would benefit from PATS eligibility that currently are not?

Mr Singe: That currently are not? Which ones are not?

Hon AMBER-JADE SANDERSON: Most of them.

Mr Singe: That is what I thought. I thought I best ask before we plunged into it.

Mr Scott: To answer your question directly—this reflects the content of our submission—we see the following services as being appropriate to be covered by PATS: speech pathologists, physiotherapists, podiatrists, clinical psychologists, occupational therapists, audiologists, pathologists, dentists and nursing professionals.

Hon JACQUI BOYDELL: I think one of the biggest challenges of the PATS system for GPs and patients in general is actually having an understanding of eligibility, and that is just generally due to the, I guess, itinerant nature of the population and profession. I think that is a big challenge for Health and hospitals in general to make sure that people are up to date with knowing that they can

apply for PATS. You made a couple of comments that there needs to be a public awareness campaign. Whose role do you see that being and does the MOU group play a role in that?

Mr Scott: I think that is a government role and therefore the Department of Health is the direct answer. We play a supportive role in many cases. Our *raison d'être* is that of a community-based advocacy group, so where we see that there are gaps in the services, or services that perhaps could be tuned up to deliver better outcomes for the community, then we would step up—not step in—and make those concerns known. We are broadly representative of the 43 shires in the wheatbelt, so we have conversations. To my left is the CEO of a wheatbelt shire, so he has networks as well, of course, in his particular community. Through that mechanism, we can certainly assist in filtering the message out through all sorts of formal and informal opportunities, but essentially I see it as a government responsibility.

Mr Fardon: Chair, if I can just highlight that, of course, WACHS is a fully subscribing member of our MOU group. I think if the opportunity arose for us to publicise through our councils, through the division and through the Wheatbelt Development Commission, we would be able to get the message across very clearly if there are some clear guidelines. I also add that not only being a shire, but we are one of the few councils that actually own and operate a medical practice. We did employ the doctor up until very recently, and now as an independent contractor. If you would like me to ascertain any details of a solo GP's perspective and our medical practice's perspective, I am quite able to forward those through to you. I know how busy the doctors are and they are doing most of their paperwork way into the night because they are seeing so many patients during the day and are getting called to the hospital for emergencies et cetera. The last thing they really need to do is to be signing and ticking boxes for PATS. It is an important scheme and needed, but it is not high on their priorities, I do not think, versus the care of their patients.

The DEPUTY CHAIRMAN: We would appreciate some supplementary information from a local level.

Mr Fardon: It will only be a snapshot of our practice.

The DEPUTY CHAIRMAN: That will be excellent.

[Supplementary Information No 1D.]

Mr Fardon: I do not know if it was raised earlier but what has been brought up a number of times to us is the need for pre-admission clinics and visits to Perth or wherever the surgery may be. We understand that may not be eligible for PATS. Could that be done a better way? Some have to be in person, obviously, for pre-admission visits for the taking of observations and measurements, but could telehealth be used? Telephone consults are simple, but there must be an easier way, or they do become eligible under PATS. It seems very unfair to me.

The DEPUTY CHAIRMAN: We have heard today that the use of the telehealth facilities at Northam is increasing by 300 per cent annually. I am presuming these are the sorts of things that are increasingly flowing through that facility. I think that is a great outcome.

Mr Fardon: We are very appreciative of the telehealth initiative that is in most of our hospitals now, and they should be used for that purpose as well.

Mr Singe: If I may, Chair, just adding to that—we had a discussion about it—on the basis that the pre-admission costs may drop in terms of rebate, we would not want to see that the money was lost, but would prefer to see it within the budget process of re-carving the cake. So if you actually made efficiencies out of using telehealth, the money remains under the PATS budget but can actually help to perhaps overcome either the travel or particularly the accommodation costs, because we believe that is actually central and extremely difficult. I will keep on a roll. We had a discussion about accommodation in Perth, and the rearrangement of the major hospital precincts is working against access to accommodation, if you sit there and look at a map and think of the areas that these places are in. Fiona Stanley is not exactly surrounded by an area of motels and affordable accommodation,

and the increasing density at QEII has a different set of parameters, but it is certainly not in favour of being able to get accommodation at an affordable price for a lot of people from a region like this, which is essentially low income in a lot of areas.

Hon JACQUI BOYDELL: I was going to go back to a comment you made. In terms of the care being provided by GPs to patients, I completely understand that the clinical care is, of course, paramount, because that is the diagnosis, but also part of the care of the GP is to ensure the social aspect of the care of the patient is provided for and in some aspects where they may be under the pump seeing patients, maybe they need to be adjusting their appointment times because actually it is the fallout sometimes from the lack of information from the GPs to the PATS administrative process that actually causes the emotional issue and social issues for patients. Potentially, that is something that the committee may consider that has been highlighted, I think. I completely understand it, but the clinical aspect is being catered for, but the social work aspect of delivery of care to the patient is probably falling out the end a little bit.

Mr Fardon: I was not wishing to be critical of the doctors as such —

Hon JACQUI BOYDELL: No, you were not.

Mr Fardon: — because they are not racing madly through; they have got very orderly appointment times, but they do lose three or four hours due to an emergency or an evacuation. They are trying to do the best they can. The other situation is that in many practices, you could be a week about with doctors, as we are about to have for the first time, instead of the same GP being there week in, week out. I think in many cases they are overseas-trained doctors; they are very good doctors, but do they fully understand the PATS system? I think maybe an education program is what is required.

The DEPUTY CHAIRMAN: With visiting locums and other visiting doctors.

Mr Fardon: Correct, or maybe through Rural Health West; it may be a good avenue, which we get all our locums from. They may be able to assist in the education process.

The DEPUTY CHAIRMAN: I think there has been a bit of discussion and certainly a lot of suggestion to us around an online-type form that has required fields that may be able to be filled in by staff at the practice rather than the GP themselves and perhaps alleviate some of the load off the GP and get the form filled out in a timely manner at the practice but not necessarily using that GP's valuable time.

I think we are just about worn out. Does anyone else have any questions?

Hon AMBER-JADE SANDERSON: I have one last question. In your submission, you mentioned some allied health services in particular for people with disability or children with learning or physical disabilities. Would that not be picked up by the NDIS rather than PATS?

Mr Scott: I am not aware that that was part of our submission.

Hon AMBER-JADE SANDERSON: It says “particularly where they relate to the rehabilitation of patients from stroke or relate to children with physical or learning disabilities”.

Mr Singe: As a general response, briefly, issues of disability—I am not going to answer it precisely—often go across a whole lot of other programs and requirements. Certainly, I know from experience of Carers WA that the locking of the different programs is less than seamless, so what we tend to have is a pattern of different circumstances where things can work well and can work really, really badly. I do not know in detail from it, but I do know from broad experience—it is a good question—it is likely to be an area where there is not a single clear answer. It probably comes back to the individual circumstances of the families and the individuals involved as clients.

Hon AMBER-JADE SANDERSON: I think something that we need to consider as part of this is how that is going to interface with regional people with disability and the NDIS versus PATS,

whereas they would be drawing on PATS. Will they shift to the NDIS or what is the role for PATS now?

Mr Singe: Chair, if I may just reiterate a bit, I think it is because the issue of the disability is not the primary consideration in most of these circumstances. You end up with a medical issue as opposed to a disability issue.

Hon JACQUI BOYDELL: Yes; that is right.

The DEPUTY CHAIRMAN: I think it has also been put to us in previous hearings that there is often a need for a carer to accompany a person with a disability and where does the cover of the cost of that carer come from?

Mr Singe: It is very hard going.

The DEPUTY CHAIRMAN: It is a grey area, which we are aware of. Are there any final comments that you would like to make?

Mr Scott: No.

The DEPUTY CHAIRMAN: Thank you very much again for your outstanding submission and your appearance here today. I have firsthand knowledge of the wheatbelt MOU group. I think it is a fantastic initiative and it has gone from strength to strength over the past few years, so may you continue your good work in the wheatbelt. Thank you.

Hearing concluded at 1.55 pm
